

# SHINE ANNUAL ADULT MEDICAL RELEASE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(address)

(city)

(zip)

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance (company and number): \_\_\_\_\_

List any medications taken: \_\_\_\_\_

List known allergies (medicine, food, other): \_\_\_\_\_

Special health problems: \_\_\_\_\_

## ADULT RELEASE OF LIABILITY AND INDEMNITY

Background: The undersigned will be participating in any or all off-site or on-site events or trips. The undersigned wishes to absolve Bethlehem UMC, SHINE Student Ministry, its volunteers, representatives and chaperones from any liability arising from his/her participation.

### WITNESSETH

Intending to be legally bound for one year (365 days) from the date listed below, I hereby:

1. Acknowledge my understanding that there is a risk of injury, illness, or other unexpected events that may affect me while I am at any event with Bethlehem United Methodist Church. I further acknowledge that there is a risk that quality medical care might be unavailable at any event or trip with Bethlehem UMC.
2. Agree that I am assuming the risk of any injury, illness, or other events affecting myself while at any Bethlehem UMC event or trip.
3. Release Bethlehem UMC, its directors, employees, and all persons acting as agents for Bethlehem United Methodist Church (the "Released Parties") from any liability for any damages, injury, illness, or other events which may result from my participation in any trip or event.
4. Agree that I will not under any circumstances begin a suit against any of the Released Parties, and agree to defend and hold harmless the Released Parties against any loss, damage, or claim which the Released Parties may incur or which may be asserted against the Released Parties by myself or anyone else, as a result of my participation in any trip or event.
5. Agree that Bethlehem UMC, SHINE and its representatives may use my image, like-ness and representation to promote, report and advertise.

**I have read the above and am fully aware of all that is expected and required of me as I participate with SHINE Student Ministry, Bethlehem UMC for one year (365 days) from the date listed below:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date